|   |  |  |                     |                                  |                  |        | Application or Docket Number |                               |                                       |                        |  |  |
|---|--|--|---------------------|----------------------------------|------------------|--------|------------------------------|-------------------------------|---------------------------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2004   |  |  |                     |                                  |                  |        | 09/833943                    |                               |                                       |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |  |                     |                                  |                  |        | ALL ENTITY<br>PE             | OTHER THAN<br>OR SMALL ENTITY |                                       |                        |  |  |
| FOR NUMBER FILED NUMBER EXTRA   |  |  |                     |                                  | RAT              | E FEE  | 1                            | RATE                          | FEE                                   |                        |  |  |
| BASIC FEE   |  |  |                     |                                  |                  | 395.00 | OR                           |                               |                                       |                        |  |  |
| TOTAL CLAIMS /8 minus 20 =  |  |  |                     |                                  | 9                | x\$1°  | le.                          | OR                            | x\$22=                                |                        |  |  |
| INDEPENDENT CLAIMS 6 minus MULTIPLE DEPENDENT CLAIM PRESENT   |  |  |                     | :6 . ⊖                           |                  | x41    | <b>.</b>                     | OR                            | x82=                                  |                        |  |  |
|   |  |  |                     |                                  |                  |        | j=                           | OR                            | +270=                                 | 3.                     |  |  |
| * If the difference in column 1 is less than zero, enter 'O' in column 2  |  |  |                     |                                  |                  | TOT    | ń                            | OR                            | TOTAL                                 | <b>A</b>               |  |  |
| 10 27 06 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |  |                     |                                  |                  |        |                              |                               | OTHE                                  | RTHAN                  |  |  |
| 4   |  | - CLAIMS ::  |                     | HIGHEST                          | -(Consist 3)     | SM     | ALL ENTITY                   | OR<br>I                       | SMALL                                 | ENTITY                 |  |  |
| AMENDMENT A   |  | REMAINING  AFTER A  AMENDMENT  |                     | NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RAT    | ADDI-<br>TIONAL<br>FEE       |                               | RATES                                 | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total  | • 18   | Miaus               | - 20                             | =                | x\$11  | = '                          | OB                            | x\$22=                                | \ -7/                  |  |  |
|   | Independent                                    | • 6  | Minus               | 6                                | <b>.</b> .       | x41:   | =                            | OR                            | x82=                                  |                        |  |  |
| 4   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                     |                                  |                  | +135   | =                            | OR                            | +270=                                 | //                     |  |  |
|   | (Column 1) (Column 2) (Column 3)               |  |                     |                                  |                  |        | TAL EE                       | OR                            | TOTAL<br>ADOIL FEE                    | / 1                    |  |  |
|   |  | CLAIMS   | JMS<br>JNING<br>TER | (Column 2)<br>HIGHEST            | PRESENT EXTRA    | RATE   |                              |                               |                                       |                        |  |  |
| AMENDMENT B   |  | REMAINING<br>AFTER   |                     | NUMBER                           |                  |        | ADDI-                        |                               | PE AIN                                | :ADDI-                 |  |  |
|   |  | AMENOMENT  |                     | PREVIOUSLY PAID FOR              |                  |        | FEE                          |                               | RATE:                                 | TIONAL                 |  |  |
|   | Total  |  | Minus               | **                               | =                | x\$11  | =                            | OR                            |                                       |                        |  |  |
|   | Independent                                    | •  | Minus               | ***                              | =                | ×41    | =                            | OR                            | x82=                                  |                        |  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                     |                                  |                  | +135   | i=                           | OR                            | +270=                                 |                        |  |  |
| (Column 2) (Column 3) ADDIT. FEE OH ADDIT. FEE  |  |  |                     |                                  |                  |        |                              |                               |                                       |                        |  |  |
|   |  | . CLAIMS   |                     | HIGHEST                          | PRESENT<br>EXTRA |        | 1                            | -<br>-                        | · · · · · · · · · · · · · · · · · · · | ing the second         |  |  |
| AMENDMENT C   |  | REMAINING AFTER SE   |                     | NUMBER<br>PREVIOUSLY<br>PAID FOR |                  | RAT    | ADDI                         | Sec.                          | 4                                     | -ADDI-                 |  |  |
|   |  | AMENDMENT  |                     |                                  |                  |        | FEE                          |                               | RATE                                  | FEE                    |  |  |
|   | Total  | 1966年  | Minus               | ••                               | = 1:;            | x\$11  | = .                          | OR                            | x\$22=                                |                        |  |  |
|   | Independent                                    | •  | Minus               | ***                              | =                | x41    | =                            | OR                            | x82=                                  |                        |  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                     |                                  |                  |        | j=                           | OR                            | +270=                                 | _                      |  |  |
| If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  If the "Highest Number Piewiously Paid For" IN THIS SPACE is less than 20, enter "20."  OR. TOTAL  OR. TOTAL  OR. TOTAL  OR. TOTAL |  |  |                     |                                  |                  |        |                              |                               |                                       |                        |  |  |
| •••   | nse ministration                               | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT, FEE  OR, ADDIT, FEE  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate but in column 5. |                     |                                  |                  |        |                              |                               |                                       |                        |  |  |